



DEPARTMENT OF HEALTH FOR SCOTLAND  
SCOTTISH HEALTH SERVICES COUNCIL

# The Work of Nurses in Hospital Wards

Report by the Standing Nursing and  
Midwifery Advisory Committee on the  
“Job Analysis of the Work of Nurses  
in Hospital Wards” prepared by the  
Nuffield Provincial Hospitals Trust



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Miss M. O. ROBINSON, O.B.E., Chief Nursing Officer of the Department of Health for Scotland, and Miss M. S. W. CAMPBELL attended the meetings of the Sub-Committees and the Standing Nursing and Midwifery Advisory Committee.

## PART I

### INTRODUCTORY

#### The Nuffield Job Analysis

1. In April, 1953, the Standing Nursing Advisory Committee received copies of the Job Analysis of the Work of Nurses in Hospital Wards undertaken by the Nuffield Provincial Hospitals Trust, which had just been published. Preliminary consideration of this document showed that there were many questions affecting nurse-training, nurse-staffing and general organisation of nursing services which required immediate consideration. The Committee therefore decided to examine the report in detail and having done so, they further decided to set up two Sub-Committees to make recommendations. These Sub-Committees have now reported, and their findings, together with other general considerations, form the subject of this Report. The Report deals like the Analysis itself with the nursing problems of hospitals other than mental hospitals.

#### The Approach

2. The Standing Nursing Advisory Committee approached the Report in the spirit of trying to find out what weaknesses were demonstrated in the present organisation of nursing in the hospital service. While individual members of the Committee did not think that some of the evidence in the Report coincided with their own experience, they agreed that generally the detail presented was typical of the practice of nursing in hospital wards to-day. They would like to qualify this by saying that the Analysis does not give the whole picture. The method of analysis and the recording of the findings are scientific and are based on observation and statements. This method records a great deal, but even its sponsors would probably not claim that it takes account of the imponderables of human relationships. It may be that minute to minute analysis of work done by a profession cannot present a true picture of its work, and this is probably particularly true of a hospital as a whole, where human relationships and the overall approach to the work are extremely important but are incapable of being transcribed by such observation.

#### The Objective

3. Having said this, however, the Committee felt that the method adopted by the Analysis did succeed in showing very clearly some of the many problems of nursing to-day. The principal object in seeking a solution to these problems must be to improve the care given to the individual patient and to raise the standard of the hospital service as a whole. The Committee would like to stress this point at the beginning of their Report since inevitably in the later consideration of matters affecting individual groups of the nursing profession and their methods of work it may appear that the emphasis is being thrown on to questions of status, working conditions, training and employment of nurses. It is important to solve these problems if the nursing profession is to continue to recruit to itself a significant proportion of the intelligent young women in any generation, but they are not an end in themselves. The nursing profession is anxious to improve its status, its training and its contribution to the general administration of hospitals, but the purpose of all this is to render service to the sick which will meet their needs.

## PART II

### THE TRAINING OF THE NURSE

#### The Problem

4. The Committee felt that the data in the Job Analysis confirmed the growing weight of opinion that the training of the student nurse is overwhelmed by staffing needs, by the tendency for ward sisters to be increasingly engaged in the administration of their wards, and by a lack of recognition that while the student nurse is performing tasks in the wards she may in fact be working blindly and without understanding of what she is trying to do.

#### The Present Methods of Training

5. The weaknesses of the present methods of training the student nurse might be summarised as follows :—

- (a) that experience is given in routine tasks far beyond the amount required to teach her to do these tasks efficiently and with understanding ;
- (b) that not enough is done to teach her in the ward about the things which she is being required to do ;
- (c) that there is too great a tendency to train her to deal with a large number of patients for all of whom she performs specific tasks rather than to concentrate her attention on the total requirements for nursing individuals ; and
- (d) that the training generally does not seem to be sufficiently well-devised to induce a high enough proportion of those who enter to complete it.

#### Suggested Remedies

##### 6. CONTROLLED EXPERIENCE

(1) It seemed to the Committee that by taking all the many valuable points from the present training it would be possible to devise a course of training in which the experience acquired in the wards was carefully controlled. The experience should be adequate to give the student nurse a true insight into her work but should not degenerate into the "pairs of hands" attitude—of which the nurse quickly becomes conscious and often resentful.

##### CLINICAL INSTRUCTORS

(2) In order to give the student nurse the maximum benefit from her experience there should be introduced into the nursing service an extension of the nurse tutor staff in the form of persons who would be responsible for teaching student nurses while they were working in the ward under the general direction of the ward sister. These persons might be known as clinical instructors. They would form the link between the ward sister and the nurse tutors but would be of ward sister status and not nurse tutors. They would require a short period of instruction in teaching methods but apart from this would not require to have greater qualifications than those normally held by a ward sister.

##### PATIENT ASSIGNMENT

(3) The Committee believe that the future development of nursing and nurse-training lies in the team method of nursing. Further detail about this is given in the later paragraphs in the Report. The objective is to concentrate a small number of nurses on a small group of patients, these groups being much smaller than would normally be found in a whole ward. The team becomes responsible for performing all the duties for a group of patients instead of performing a single function at a time for all the patients in the ward. The method might be conveniently described as "patient assignment" as opposed to the present normal "functional assignment". Its benefits seem fairly obvious. The nurse's attention

is directed to the whole person and she is likely to come to know her patients a good deal better than is possible now. The patient should benefit greatly from such a method of work.

#### WASTAGE

(4) Since "wastage" among student nurses is high, even after discounting wastage for unavoidable reasons, everything must be done to encourage the interest in the training and in the interesting responsibilities which come with promotion in the profession. A good deal will be said of this later in the Report in regard to staff nurses and ward sisters.

### Experiments in Shortened Forms of Training

7. Thinking on these lines, the Committee considered whether it would be possible to devise an experimental course of training which would take all these factors into account and would also attempt to produce a trained nurse in a shorter period than at present. The essential training of the nurse taking the course must be regarded as complete. Her subsequent employment as a nurse would, as now, give her the maturity which comes with experience. The Sub-Committee which investigated the subject in detail presented (a) proposals for an experiment in training nurses for the general register in a period of two years, and (b) proposals for an experiment in a revised course of training, extending as at present over three years but including wider experience than is given under the present syllabus of the General Nursing Council. The Report of the Sub-Committee on this subject was adopted and forwarded to the Scottish Health Services Council. It is included as Appendix A to this Report. The Committee understand that these proposals are now being considered by the Secretary of State.

8. The Committee hope that the Secretary of State's consideration will be fruitful since it seems to them that the time is ripe to use the powers given in the 1949 Act for radical experiments in training and they believe that the General Nursing Council and the Royal College of Nursing would support this opinion.

## PART III

### RE-ORGANISATION OF BED-SIDE NURSING—THE NURSING TEAM

#### Need for Experiment

9. As a corollary to the experiments already mentioned which must, of necessity, be a long-term project, the Committee also decided that they would like to have the practical working of the nursing team investigated more closely than has been done in a Scottish hospital. They have therefore drawn up proposals for an experiment in patient assignment nursing which is attached to this Report as Appendix B.

#### The Objectives of the Experiment

10. The principal objectives of this experiment are :

- (1) to investigate the possibilities of improving patient-care and the results of doing so ;
- (2) to promote greater nursing efficiency ;
- (3) to quicken the interest of the work done by staff nurses ;
- (4) to provide the student nurse with an opportunity to obtain valuable training ; and
- (5) to weld the assistant nurse and the nursing auxiliary into the team of nurses.

## **The Weaknesses of Present Staffing Methods**

11. The ward sister is at present attempting to exercise a control over her nurses' work and training which is, in fact, impossible, in view of the many other details of the general administration of the ward for which she is also responsible. The staff nurse is theoretically the ward sister's deputy, but in many instances she is not given the status and is apt to regard her post as a continuation of training, and one which carries no real responsibility. This leads her to attempt to escape from the staff nurse grade as quickly as possible, in many cases by leaving hospital nursing. The student nurse's difficulties have already been described. As regards the nursing auxiliary, the profession as a whole would now probably be agreed that at no time in the foreseeable future will it be possible to recruit enough student nurses and trained nurses to man all the nursing services. There is therefore a place for a grade in the nursing team which has only a very simple form of training. The question of ward orderlies, vis-a-vis nursing auxiliaries, is dealt with in a later paragraph of this Report. Meanwhile, it is clear that there must be a person of this kind in the nursing team, and nothing but benefit can result from making her an integral part of it with her own reasonably well-defined duties. The enrolled assistant nurse will also form part of this team in so far as numbers permit.

## **The Proposal**

12. The proposal in Appendix B is an attempt to weld all these types of personnel under the general control of the ward sister into separate teams working on the patient assignment method already described in paragraph 6 (3). The main caution which must be given is that the teams should never be insulated from each other in any ward. If the staffing for patient assignment is not to be over-generous, as it would be if every team were to be maintained at full strength for its work regardless of casual illness, etc., then teams, and particularly their leaders, must be prepared to co-operate with each other. The system will doubtless produce other complications, and an attempt has been made in the proposal to foresee some of these and to legislate for them.

## **Cost of the Method**

13. It should also be said that this form of nursing is certain to be more expensive than the present form. The Committee have recommended that special funds should be found for the first experiment in "patient assignment" but if it is carefully organised and assessed the Committee hope that it may be shown that patient assignment nursing will result in improved patient-care, reduced length of stay in hospitals and fresh stimulus to the nursing staff to an extent which will justify additional cost. They also hope that a thorough examination of the experiment will show the way to a compromise between the present system of nursing and this very desirable development, which can be generally applied.

# **PART IV**

## **A REVIEW OF THE GRADES**

14. In recommending the foregoing experiments the Committee have attempted to find long-term and shorter-term means of improving the training and employment of nurses. These, however, are matters for experimentation and discussion, and even if the experiments are successful it will take time for many reasons to introduce the systems which they demonstrate in any large-scale way into the hospital service.

## Possibilities of Immediate Change

15. The Committee would therefore also like to make recommendations regarding changes which could be made almost immediately and without any considerable expenditure, in the organisation of nursing. Some of these recommendations flow from the data produced in the Nuffield Report, some are developments for which the Committee feel the profession may now have been prepared by the production of the Job Analysis. Many of the traditional methods of nursing have been continued since the time when the pressure on the hospital service did not seem to be as great as now, when recruitment was more selective than it can afford to be now, and when nurses were apparently required to do many of the chores which are now done by domestic employees. The Committee have therefore reviewed, they hope constructively, the duties of the various grades of nurse from ward sister downwards, and as a result would like to suggest that the profession and hospital authorities should be invited to review the present status and functions of nursing staff in the light of the comments made in the following paragraphs, and also to consider the proposals for the employment of new types of staff.

## The Ward Sister

16. The ward for the ward sister is the hospital in miniature, where she is responsible for the patients, the staff, and for everything that happens. This overall control involves nursing ability, teaching ability, administrative skill and a good deal of attention to minor housekeeping duties. The Committee feel that it would be wrong to adopt an attitude, as has apparently been adopted in some ways by the Job Analysis, that all the minor items which occur in the administration of a ward are not properly a nursing sister's duty. The Committee cannot agree with a rigid distinction between administration and nursing in relation to the ward sister. Nearly all of the minor duties which she performs form part of her total control and certainly of her total interest in her ward. If these duties were removed and laid on some other non-nursing type of personnel the ward sister might have more time for nursing and teaching, but she would not have a feeling of overall responsibility for a unit. This overall responsibility is important in a large hospital and is a feature of the organisation on which the Matron must rely if she, at her level, is also to feel that each of her separate units can be welded through her own contact with her ward sisters into a single responsibility.

17. There are, however, some functions now performed by the ward sister which distract her from her true responsibilities and some which are controversial. The Committee reviewed these and would like to comment as follows :

(1) **TAKING OF INVENTORIES.** This responsibility is apparently disliked by, and is a cause of anxiety to many ward sisters. Central supply arrangements, at least for the major items of equipment for the ward, should be considered. The ward sister should retain responsibility for the medical equipment in the ward.

(2) **WARD ROUNDS.** This subject gave rise to a good deal of discussion, since there was some evidence that there is abuse of ward sisters' time in regard to accompanying medical rounds in some hospitals. The Committee felt, however, in the end, that a fair interpretation of the difficulty might be that after the introduction of the National Health Service and the consequent considerable increase in the medical staff of middle rank in the wards, there might have been some misuse of ward sisters' time. They felt generally, however, that this had now settled down to a reasonable routine, and they hoped that this would continue to be the case. At the same time, it must be recorded that many ward sisters apparently feel that their ward rounds with the medical staff are an invaluable part of contact with and understanding of the patients.

(3) **RECORDS.** Many ward sisters apparently spend part of their time in writing out chits, making up admission books and generally doing clerical work which could almost be eliminated if there was a reasonable expenditure on printed forms and books. The Committee feel that this question should be immediately investigated, since they do not think that the expenditure of a ward sister's time on unproductive work of this kind can be justified by the comparatively small amount of additional financial expenditure involved.

(4) **CLERICAL HELP.** The Committee considered the suggestion that clerical help should be given to ward sisters. In the experience of the members of the Committee, however, there is not enough work of this kind to require the employment of special assistance. Experience has also shown that the introduction of non-nursing personnel who apparently have advantageous hours of work and straight shifts can create more difficulties than it solves. They would recommend, therefore, that personal clerical help should not be given to ward sisters. This should not encourage those responsible, however, to think that there is no problem, and the Committee agree that the time has come for a review of all the clerical work now done by ward sisters. Thereafter, hospital authorities should consider how much of it can be centralised and how much assistance can usefully be given by the Secretary's office and the Matron's office in this kind of work, particularly at peak periods of work in the wards.

(5) **MESSENGER SERVICE.** While the Committee do not propose clerical help they think that the possibilities of a routine messenger service should be considered. Without being too elaborate much time of all ward staff might be saved by eliminating routine fetching and carrying.

18. In general the Committee considered that while the responsibility and the important nature of the ward sister's duties must be fully appreciated, real harm could be done to the hospital nursing service by repeated emphasis on the harassing nature of a ward sister's duties. There are times in any general hospital when a ward sister must feel acutely the strain of responsibility for a number of very ill patients, particularly when she has not sufficient trained staff to assist her. At peak periods in the ward she may well feel that she has more than she can deal with. But these things must be set against the whole picture, and while the Committee consider that everything should be done to remove extraneous work from her they do not feel that the duties of the grade are in any sense beyond the capacity of the competent, experienced registered nurse.

### **Clinical Instructors**

19. The Committee considered very carefully whether the ward sister if she were assisted by some lightening of her duties would in fact be in a position to undertake the necessary teaching of student nurses. The Nuffield Report shows that comparatively little direct teaching is done by ward sisters at present. The Committee appreciate that ward sisters consider this part of their duty and although circumstances may not allow them to devote much time to teaching they would probably resist any move to take away the responsibility.

20. It must be said, however, that teaching ability is natural only to a few people and no nurse is taught how to teach in the course of her training up to ward sister level. Also if the ward sister is unable for very good reason to devote time to teaching, the results are not immediately apparent in the training of the student nurse but they may have a cumulative effect and cause a loss of interest in bed-side nursing. The Committee would like to recommend, therefore, that a grade of clinical instructor be introduced into the nursing service, and to make it clear at the same time that this is in no way an attempt to derogate from the position of the ward sister.



21. The Committee were agreed that if such a grade were introduced the clinical instructor should be a person of ward sister level who had spent at least two or three years as a staff nurse and had taken a short course—say six weeks—in teaching methods. She would be responsible primarily to the teaching department of the hospital but her work would be almost entirely in the wards. One clinical instructor would cover the teaching of student nurses in several wards. The danger of conflict with the ward sister's functions might arise and it should be made clear from the beginning that the overall responsibility for the ward remains with the ward sister. It would not be, for example, for the clinical instructor to allocate nurses to duties. Her task would be to instruct the student nurses in the nursing techniques involved in the cases to which they had already been assigned by the ward sister. Staffing needs and training needs cannot be separated and this proposal will only succeed if there is complete co-operation between the ward sisters and the clinical instructors.

22. The clinical instructor would not be of nurse tutor grade. After a person had been employed for some time in the new grade it would be for her to decide whether she wanted to become a tutor and take the necessary course, or take a ward sister post. If the emphasis is placed, as it should be, on the recruitment of a person who is primarily interested in ward work, then it seems likely that most of them would return to ward sister posts.

### Staff Nurse

23. The Committee were agreed that many of the ills which are pointed out in the Nuffield Report stem from the fact that there are not enough trained nurses in the wards. In many hospitals there are enough staff but in very few are there enough trained staff. The ward sister's responsibilities are increased by the fact that the staff nurse grade has tended to become one in which the average nurse spends only a short time. The ward sister, therefore, does not have the confidence in her staff nurse's experience in the problems of a ward to be able to turn her attention to some of the nursing matters which are her concern.

24. If this situation generally, therefore, is to be relieved and if the nursing team is to be introduced as the method of nursing patients, it is essential to be able to retain staff nurses longer in that grade than at present. It is claimed for the present staff nurse that the average assignment which she is given is not sufficiently responsible to rouse her interest in the grade. She tends to feel that the whole responsibility rests always with the ward sister and that she is seldom regarded in the real sense as her deputy. It is not surprising that most seek to escape from this grade of apparent further studentship as soon as possible.

25. The Committee recommend therefore, that :

- (a) generally every effort should be made to induce staff nurses to regard the grade as one in which they can spend two or three years in interesting and responsible employment.
- (b) the staff nurse should have a uniform which is noticeably different from the student nurse. The opportunity should be taken to introduce a national uniform for staff nurses in all hospitals in Scotland. This would make the staff nurse readily recognisable in every hospital in which she is employed. There may be objections to a national uniform from some quarters but the Committee do not feel that these would be sustained by the profession as a whole. Service nurses have a national uniform of which they are very proud and its merit in their view is that it can be recognised anywhere. The staff nurse should continue to wear her training school badge.
- (c) the tendency to promote inexperienced staff nurses to ward sister posts should be checked. As the hospitals settle down after their war-time

difficulties these early promotions are not being made so frequently as they were a year or two ago, but the Committee consider that it might be useful now to lay down a requirement that before a person is promoted to ward sister level she should have had at least two or three years nursing experience as a staff nurse subsequent to registration. They agreed that there may be circumstances in the shortage fields and in particular hospitals where it is necessary to promote a person who has not had such experience, and reasonable latitude should be permitted. As a general rule however, they think that the requirement of two or three years' experience is reasonable and would have the important effect of making the staff nurse grade a more stable grade than it is now.

(d) when more experience has been gained of the organisation of ward sisters' courses it may be advisable to make some ruling that all staff nurses should have taken such a course before being promoted to a ward sister's post. No doubt the results of the courses now being organised will be assessed by the Royal College of Nursing in due course.

### **Enrolled Assistant Nurse**

26. The Committee recently submitted a Report on the position of the enrolled assistant nurse in the National Health Service. In that Report recommendations were made for extending the present training facilities to increase, if possible, the number of assistant nurses in Scotland. Their consideration of the Job Analysis and the introduction of nursing teams have only served to strengthen their earlier finding that the assistant nurse grade is important for the stable development of the profession. The Committee are glad to note that the Royal College of Nursing in their Report have also taken the view that the assistant nurse is, and must remain, an integral part of the nursing services.

27. As regards the general issue of including the assistant nurse in the nursing team there were some doubts about the advisability of employing assistant nurses in the same teams as student nurses since they might deprive the student nurses of necessary experience. The Committee suggest, however, that this can be obviated by attaching the assistant nurses to different teams so that they do not become indispensable in any particular ward.

28. The Committee would like to reinforce their earlier suggestion by expressing the hope that one of the bigger general training hospitals in Scotland will now be prepared to give a lead in raising the whole status and outlook of the assistant nurse grade by establishing assistant nurse training in a hospital which is already training for the general register. The training of the two types of nurse would have to be kept separate, but the difficulties in this are not nearly so important as the need to rid the assistant nurse grade of any feeling of inferiority resulting from separation from the training of the registered nurse.

### **Nursing Auxiliary**

29. There was a good deal of discussion in the Committee as to whether the remaining member of the team should be known as a ward orderly or a nursing auxiliary. It appears from the information available to the Committee that the ward orderly grading is at present being misused. Staff so graded in some hospitals are engaged mainly on nursing duties and should be known as nursing auxiliaries. In other hospitals these ward orderlies are no more than ward maids. In both cases the employees appear to have been incorrectly graded as a means of giving them higher salaries.

30. The Committee understand, however, that it is likely that in the near future the nursing auxiliary grade may receive an increase in salary and improvements in conditions of service which will make the grade as attractive

financially as that of ward orderly. The Committee feel that this opportunity should be taken to clarify the whole situation in regard to domestic staff including ward orderlies and nursing auxiliary staff. There will always have to be in all hospitals two types of domestic staff below any grade doing nursing duties, i.e. the ward maid and the cleaner. These persons should be confined entirely to domestic duties. All other ward personnel who are not trained nurses or student nurses who are required to do nursing duties should be known as nursing auxiliaries. This title will give them a status in the nursing team, will help to make it clear to them that they are part of this team and will clarify an important confusion which now exists because many ward orderlies are, in fact, employed on nursing auxiliary duties.

31. The Committee would like to suggest that all nursing auxiliaries now employed should be required to take a short training. The kind of training now given to recruits to the National Hospital Service Reserve may be adequate for this purpose provided it is spread over two or three weeks and adjusted to the level of the personnel recruited for this employment. New recruits to the nursing auxiliary grade should not be allowed to earn the full salary applicable to this grade until they have taken the suggested course of instruction.

### **Points for further Study**

32. The Committee would like to make two further recommendations for investigation somewhat outside the scope of their own membership alone, as follows :

#### **(1) TECHNICAL PROCEDURES**

On the question of technical procedures now being performed by nurses, the Committee believe that the time may have come for the nursing and medical professions to consult with each other on the question of a re-definition of the boundaries of a nurse's duty. While nurses are anxious not to be involved in duties which would tend to make them into technical auxiliaries, they appreciate that with the growing complexity of modern medicine there are many procedures which have to be carried out on patients for which it would be a waste to require medical staff to be continually on duty. This subject should be further considered by both professions.

#### **(2) EQUIPMENT**

The Committee felt that the Job Analysis, among other things, demonstrated the lack of labour-saving devices in wards and hospitals as a whole. If nursing personnel are scarce and valuable all equipment used by them should be devised to save time and energy. All this reflects on the well-being of the patient. Much of the present equipment available tends to introduce noise. For example, trolleys are notoriously noisy in corridors and wards. Again, recommendations have been made by one Committee of the Scottish Health Services Council about the provision of bed-curtains. These save nurses' time, provide very desirable privacy for patients and eliminate the need to drag screens noisily round the wards. Many hospitals, however, resist their introduction, and many others, even when finance is available, do not seem to consider what can be done in this direction.

33. The Committee therefore recommend that the Scottish Health Services Council should set up a special Committee to consider in detail the defects in hospital ward equipment and, in consultation with appropriate technical experts, to make recommendations for improvements.

## PART V

### GENERAL

34. The recommendations already made, if adopted, would bring about a considerable alteration in the practice of nursing in most hospitals. Whether they can be implemented or not may depend in the last resort on whether they can be financed. The Committee would like, however, to sum up their findings by stating the broad principles which have guided their consideration of the subject.

35. One of the questions which the Job Analysis attempted to answer was "What is the proper task of the nurse?". The Committee feel that the Analysis has gone too far in an attempt to define in precise terms nursing, domestic and technical duties. There is no such rigidity in the present overall pattern of nursing and if, as the Committee believe, the ideal pattern of nursing lies in patient assignment, then no such rigidity should be allowed to creep in to the concept of nursing.

36. The general duties of a nurse, and particularly a student nurse, must include many minor chores and some apparently menial tasks, but the profession must be careful not to be driven to extremes in this matter. In the Committee's view a nurse should neither be required to undertake procedures such as the administration of intravenous fluids or the taking of blood pressures, nor at the other extreme to do routine domestic work in the ward. Within these limits, however, there are many jobs which the student nurse must learn to do herself in order better to supervise others when she reaches a position of responsibility.

37. The fault in the present system is that nurses are nursing patients in ward groupings and thereby taking on a multiplication of tasks which appear to them to be prejudicial to their training. This can be cured, not by preventing them doing these duties at all, but by seeing that they all get a reasonable planned share of all duties which affect the nursing of individual patients. The recommendations made throughout this Report are designed to secure that this principle will be applied at all stages and all levels of the work of nurses.

### Summary of Recommendations

#### 38. (1) CHANGES TO OVERCOME THE WEAKNESSES IN THE PRESENT METHODS OF NURSE-TRAINING

(a) A course of training should be devised in which the student nurse's experience in the wards is carefully controlled. The experience should be adequate to her training but not be based on staffing needs.

(b) A grade should be introduced in the nursing service to be known as clinical instructors who would be responsible for teaching student nurses while they were working in the wards.

(c) The future development of nursing and nurse-training lies in the patient assignment and team method of nursing, and efforts should be made to introduce this form of nursing.

(d) In order to overcome wastage the interest in training must be increased and opportunities for interesting responsibilities extended. (paragraph 6).

#### (2) EXPERIMENTS IN SHORTENED FORMS OF TRAINING

Two experiments in nurse-training are described:—

(a) proposals for an experiment in training nurses for the General Register in a period of two years; and

(b) proposals for an experiment in a revised course of training extending as at present over three years but including wider experience than is given

under the present syllabus of the General Nursing Council (paragraph 7 and Appendix A).

### (3) EXPERIMENT IN PATIENT ASSIGNMENT NURSING

Recommendations are made for an experiment in patient assignment nursing (paragraphs 9-13 and Appendix B).

### (4) THE WARD SISTER'S DUTIES

Recommendations are made regarding :—

- (a) the withdrawal of the responsibility laid on the ward sister for ward equipment and for the establishment of central supply arrangements ;
- (b) the accompanying of doctors on ward rounds by the ward sister ;
- (c) the need to supply ward sisters with printed record books and forms ;
- (d) the possibilities of giving clerical help to ward sisters ; and
- (e) the establishment of a messenger service (paragraph 17).

### (5) CLINICAL INSTRUCTORS

Recommendations are made for the introduction of clinical instructors as an addition to the teaching staff of training schools and as to the grading and employment of such staff (paragraphs 19-22).

### (6) STAFF NURSES

Recommendations are made regarding :—

- (a) the need to induce staff nurses to remain longer in the grade than they do now ;
- (b) the provision of a special uniform ;
- (c) the experience which should be required before promotion to ward sister ; and
- (d) the possible application of a rule that all staff nurses before further promotion should have taken a ward sister's course (paragraph 25).

### (7) ENROLLED ASSISTANT NURSE

A recommendation is made that one of the bigger general training hospitals in Scotland should be prepared to give a lead by establishing assistant nurse training in the hospital alongside training for the General part of the Register (paragraph 28).

### (8) NURSING AUXILIARY

A recommendation is made that all ward personnel, other than trained staff and student nurses, who are required to do nursing duties should be known as nursing auxiliaries (paragraph 30).

A recommendation is made that all nursing auxiliaries now employed, and all future recruits, should be required to take a short course of instruction (paragraph 31).

### (9) SUBJECTS FOR FURTHER STUDY

A recommendation is made that there should now be consultation between the medical profession and the nursing profession regarding the technical procedures now being performed by nurses (paragraph 32 (1)).

A recommendation is made that a Committee should be set up to consider in detail the defects in present hospital ward equipment and to make recommendations for improvements (paragraphs 32 (2) and 33).

On behalf of the Committee,

E. G. MANNERS (*Chairman*).

12th November, 1954.

# Appendix A

## Report of Sub-Committee on Shortened Forms of Training

### Introduction

1. The Sub-Committee was set up by the Standing Nursing and Midwifery Advisory Committee during its consideration of the Nuffield Report on the Work of Nurses in Hospital Wards to advise the Committee whether a shortened period of training for general nurses accompanied by improved student status would benefit the hospital service by attracting more students, reducing wastage, securing more satisfactory patient care and increasing the number of trained staff. They asked the Sub-Committee in particular to consider a possible outline of two types of training—(a) a two-year training, and (b) a two-year training with two subsequent periods of six months' training in special fields.

2. The Sub-Committee have held four meetings. They decided to co-opt to the Sub-Committee Miss Macnaughton, Matron of Stracathro Hospital, and Miss I. L. Morrison, Matron of Stobhill Hospital, in order to assist them with their consideration of the problem. They have now decided to submit the following Report.

### General

3. The Sub-Committee feel that a revised intensive form of training for general nurses could result in (1) better nursing care of the patient, and (2) the production of more trained nurses. The Sub-Committee have examined various forms of shortened training including the recommendations of the Working Party on the Recruitment and Training of Nurses on this subject. They discussed the possible content of the curriculum and the conditions under which persons taking such a course should be given State Registration.

### Recommendations for Experiments

4. They have decided to recommend experiments in two types of general training—an experiment in two-year training and an experiment in three-year training. They feel that the present organisation of training for the Register imposes too much repetitive work on the nurse which contributes very little to her training and makes her too readily available to solve the problems of staffing the wards. While there may be no easy answer to the problem of staffing if student nurses are not available to the same extent as now, this should not be allowed to dominate the student nurse's training to the extent described in the Nuffield Report.

Miss Macnaughton, a member of the Sub-Committee, felt she could not support the recommendation for an experiment in two-year training and asked that her dissent be recorded in the Report.

5. The two-year experiment is designed to show that given appropriate conditions a full course of training can be covered in two years and that the nurse produced as a result will be a person more fully educated in the problems of nursing care. Until the experiment has been tried and extended, it will not be possible to say whether it can be used as the pattern for the training of general nurses in future. This should not, however, discourage the establishment of the experiment. If there are, as seems likely, developments in the profession relating to University education or in special training for administrative work or teaching, some shortened form of training will in any case be necessary to attract good people to the first stage. Such extensions of the experiment will demonstrate how far the pattern can be generally applied.

6. The three-year experiment provides a comprehensive training which will take the same amount of time as the present training for the Register but will cover more ground within that period.

### Experiment in Two-Year Training

7. The Sub-Committee recommend that a limited experiment should be instituted for a period of five years to assess the possibility of training general nurses within a period of two years under the following conditions:—

(a) The experiment should be established in a building, separate from a hospital, in which the nurses can be given all their theoretical instruction, in which they would live if possible, and in which their corporate life would be developed. A building such as a nurses' home which was not in use could be admirably adapted to such a purpose. The nurses' home would, of course, have to be in an area containing general hospitals of the type which would provide adequate experience for the students. When they were required to take ward training they would go from their own school to the hospitals concerned.

(b) The appropriate number of students for such an experiment would be an annual intake of not more than 30.

(c) There should be careful selection of the students taking part in the experiment and all should be required to have had a good secondary school education. The Sub-Committee considered whether they should recommend that the students in such a course should have had full secondary education to higher leaving certificate standard because the educational pressure in the two-year course will be greater than in the three-year normal

course. They felt, however, that since it was clearly not possible to recruit nurses only from persons of such an educational standard it might reduce the value of the experiment to confine it even in the first instance to those with above average educational qualifications.

(d) The minimum age of entry of student nurses to this experiment should be 18½.

(e) The students should have genuine student status; that is to say they should not form part of the normal staffing requirements of the hospital. They should only have experience in the wards to the extent which is necessary for their training in the care of patients.

(f) The teaching staff for the student nurses taking part in the experiment should be not less than three sister tutors and two clinical instructors, who would be responsible for the supervision of the students for both day and night duty.

(g) Full records should be kept at all stages of the experiment to enable an evaluation of the results to be made at the end of the experiment.

(h) The curriculum should cover the following subjects and departments :—

- (1) Introduction to nursing
- (2) Medical nursing
- (3) Communicable diseases, including tuberculosis
- (4) Psychiatric nursing
- (5) Pediatric nursing
- (6) Obstetrics
- (7) Surgical nursing
- (8) Operating theatre
- (9) Gynaecology
- (10) Out-patient department
- (11) Ear, nose and throat
- (12) Ophthalmic nursing
- (13) Dermatology
- (14) Visits to the domiciliary field, etc.

The time spent in each section would require to be varied according to circumstances and the availability of teaching opportunities. All work in the wards should be undertaken on the "patient assignment" method.

(i) The present conception of a preliminary training school should be abandoned for this experiment. As the nurses are to have true student status there should be no need to adopt the present cramming method of the preliminary training school since the whole course should provide the opportunity for linking the theory and practice of nursing.

(j) The Sub-Committee discussed various proposals as to the point at which the students in such a course should take Parts I and II of the preliminary State examination. Some members took the view that these should not be held until the end of the first year to avoid any cramming, others that the examination should be taken at the end of six months in the usual way to enable the nurses to clear this hurdle fairly early. The Sub-Committee decided by a majority to recommend that the preliminary State examination should be taken at the end of six months.

8. Generally, the Sub-Committee felt that they were hardly competent to lay down in detail how such an experiment should be conducted and they hoped that if the experiment were to be undertaken a Steering Committee consisting of knowledgeable persons in the nursing and educational fields would be set up which would arrange the details in the light of circumstances.

### State Registration

9. The Sub-Committee discussed whether there should be a requirement that nurses who had passed the State examinations after a two-year training should be required to do a further year in hospital under licence before achieving full State Registration. They considered, however, that such a requirement would nullify in the minds of nurses the effects of instituting a two-year training. They also felt that since in most cases nurses either accepted posts as staff nurses for a year or went on to further nursing training in other specialities there would really be very little difficulty in ensuring in practice that these persons did an additional year of nursing under supervision. The Sub-Committee agreed that if a nurse with a two-year training chose to go on to another form of training, e.g. health visitor or midwifery, this could be regarded as an adequate continuation of experience under supervision. The Sub-Committee recommend, therefore, that the General Nursing Council for Scotland should be invited to consider whether they would grant Registration on the General Part of the State Register to student nurses who have completed a course of training as outlined in the foregoing paragraphs and passed their State examinations.

### Experiment in a Three-Year Comprehensive Training

10. In considering the second part of the Committee's remit the Sub-Committee decided not to recommend a two-year training with two subsequent periods of six months' training in special fields but instead to substitute a recommendation for an experiment in a three-year comprehensive training under the following conditions :—



- (a) The number of students and the type of students to be taken into this course would be the same as in the two-year experiment. The three-year experiment should be conducted in a hospital or group of hospitals which is already training student nurses.
- (b) The training to be provided in the three-year comprehensive course should include experience in the general field with short periods of a few months in the special fields, including mental ; infectious diseases and tuberculosis ; sick children and public health.
- (c) The student nurses on this course would require to be given student status to a greater degree than is given to student nurses now if they are to be able to cover the work suggested within three years. Additional staff would therefore be required for the wards in which the student nurses received their training.
- (d) Adequate tutor staff and clinical instructors should be provided.
- (e) After completion of a three-year training on these lines the nurse should become state registered and it is suggested that she should have an endorsement on her certificate to show the amount of training in the special fields. The General Nursing Council should be asked to consider whether the periods spent in the special fields could be allowed to count towards the amount of time which she would be required to spend in fever and sick children's nursing to obtain registration in these Supplementary Registers if she chose to go on to such further training.

### **Ward Teaching**

11. Among the other matters considered by the Sub-Committee in relation to these two experiments was the question of whether teaching of student nurses in the wards should remain the responsibility of the ward sisters or whether clinical instructors should be specially appointed to undertake this duty. Some members felt that the teaching of student nurses in the wards was the function of the ward sisters and that to remove this duty from them would have an adverse effect on the grade. On the other hand, it was argued that in present circumstances the ward sister, overloaded as she is by other responsibilities, could not possibly undertake such intensive training as was visualised. If the ward sister were relieved as she should be of some of her duties it would still be difficult for her to run a ward efficiently and teach these student nurses. Again, many ward sisters have no natural aptitude for teaching and few of them have any special training for it. It was agreed, therefore, particularly in relation to the two-year experiment, that clinical instructors should be employed for teaching students in the wards with the proviso that every effort should be made to link their work with the ward sister's responsibility for the overall supervision of her ward and her patients. So far as possible ward sisters should be made an integral part of the team which is to supervise the students.

### **Conclusion**

12. The experiments recommended in this report are both designed to discover whether the training of student nurses can be reorganised and improved. If they could be established concurrently then valuable comparisons of results could be made without delay at all stages. If however there are insuperable financial or practical difficulties in such a proposal then either experiment could be established independently of the other.

## **Appendix B**

### **Recommendations for Experiment in " Patient Assignment " Nursing**

#### **Experiment in " Patient Assignment "**

1. The Sub-Committee first considered the suggestions which had been made by the members on the organisation of an experiment. They agreed that while it was impossible to lay down precisely the detailed organisation of the experiment, since this would depend on the situation in the hospital concerned, they should draw up a theoretical plan which would be capable of adjustment.

2. They decided to recommend, therefore, that the experiment be conducted on the following lines:—

(a) It should be in a ward of 36 patients which might be in any type of general training hospital. If in the event the ward chosen was smaller than this the numbers of staff, etc. could be adjusted accordingly.

(b) For this ward there would be required five teams of nurses, each team composed of three persons. Each team should have a staff nurse in charge and otherwise could be variously composed of student nurses, assistant nurses and nursing auxiliaries. The student nurses in the different teams should be at various stages in their training to allow for the maximum amount of training experience and flexibility in the use of personnel on different duties.

(c) The Sub-Committee considered whether it would be possible to conduct the experiment on the basis of straight shift working. This system is obviously very much more expensive



in staff, however, and they decided that since the object of the experiment must be to show what was possible in improved nursing care, and since patient assignment is already more expensive in staff than the normal method, they should recommend that it be organised on the broken shift system.

(d) On day duty there would be three teams on duty working on patient assignment, with twelve patients to a team. The fourth team would relieve the others on their days off. The fifth team would be employed on night duty under the normal direction of the Night Superintendent. This team will work on functional assignment. Since, on the broken shift system, each person would be working only for either the morning and afternoon or morning and evening, etc., the teams will be responsible for relieving each other during the ordinary course of day duty.

(e) The ward will be under the charge of a Ward Sister but she should not have a staff nurse as a deputy other than the staff nurses in the teams. This question was considered since the Ward Sister will have to be relieved. The Sub-Committee felt, however, that this relief should come from one of the staff nurses in the teams, since a staff nurse permanently employed as the Ward Sister's deputy might not have enough to do and would be in a position of superiority to the other staff nurses, which would lessen their sense of responsibility.

(f) The team on night duty, which would be varied according to a fixed rota, should be responsible for its own relief on nights off. This means in effect that only two members of the team would be on duty each night in any week except one. In order to avoid creating any feeling in the team that they were spending six nights under-staffed and only one properly staffed, arrangements should be made to ensure that when the three are present one member of the team is given "specializing" duties. This team could, of course, only cover the routine work in the ward. The supply of "specials" for night duty would have to come from other staff in the hospital.

3. The total staff involved in these proposals is six trained nurses, five student nurses/assistant nurses and five nursing auxiliaries—sixteen in all. This compares with the present average staffing level for a ward of the type the Sub-Committee have in mind of one sister, one staff nurse and eight or nine others, i.e. eleven in all. These figures do not take into account the true domestics employed in the ward on general cleaning. It should be noted, however, that the proposals for the patient assignment experiment do not provide for ward orderlies, since the Sub-Committee expect that if the nursing teams are to have the whole care of their patients they should undertake the minor domestic chores which they would ordinarily leave to ward orderlies.

4. The Sub-Committee would like also to stress one or two general points in the conduct of this experiment.

(a) There should be no rigid division of personnel between the teams. If the staffing is not to be over-generous then all the teams must be prepared to co-operate with each other in relief work and in assisting each other. Staff nurses must be prepared to take on the oversight of patients other than their own when other teams are undermanned and as a corollary the other teams must be prepared to accept this position freely when it occurs.

(b) While the experiment is being conducted there should be no attempt except in emergency to bring in additional staff in order to make the staffing quota as theoretically accurate as possible. If the system is ever to be applied generally then it must work as well as it can, and the teams must accept the normal incidence of under-staffing and casual illness or absence.

(c) The experiment should be tried in a hospital which is operating the complete block system for student nurses, otherwise there would be too much change in the composition of the teams on the days when students were withdrawn for theoretical teaching.

(d) The nursing teams should as far as possible remain identical in composition as regards type of member. The student nurse members will change as they are withdrawn for training purposes. The staff nurses should if possible be the same persons throughout. Flexibility should be introduced, not by changing the teams, but by assigning to patients according to their condition the team whose members can deal with them.

(e) Daily assignments to the teams should take into account the need to provide their members with a variety of experience and education.

(f) The responsibility for medications in each team should always be laid on the staff nurse and should only be delegated with the consent of the Ward Sister.

(g) Those operating the experiment should take it as one of their objectives to see how the results which are believed to accrue from patient assignment nursing can be achieved with less staff than is provided in the experiment. Apart from financial considerations, the major problem in applying patient assignment generally will be to find the trained nursing staff. The experiment, however interesting, will not lead to any general advance in nursing care if it is based on a staffing level which is available in only a few hospitals.

5. In order to demonstrate the value of this kind of organisation of nursing and to give time for various difficulties to appear the experiment should be tried for one year. The cost of this experiment over the ordinary staffing level, calculated as the difference in cost

between the staff normally employed and the staff suggested, assuming that all are at the middle point of the scale, would be of the order of £1,600. The Sub-Committee feel that this money should be sought from research or endowment funds and that the hospital which is invited to conduct the experiment should receive a specific allocation for the purpose.

6. There will remain the expenditure on the assessment of results. The assessment itself will be fairly elaborate since it will be necessary to consider many factors in relation to the operation of the ward, nursing care, patient reaction, nurse-staffing, etc., and to compare these results with those of a similar ward using normal staffing arrangements. If possible, the amount required for the assessment should be obtained as part of the same research grant. It could be undertaken as in England by a body such as Social Survey or by a trained nurse investigator.

7. The layout of the experiment is summarised overleaf.

# EXPERIMENT IN PATIENT ASSIGNMENT

Location—General Training Hospital

Ward—36 beds

Distribution of Duty

Day Duty		Night Duty
<p>12 patients</p> <p>Team A Staff Nurse Student Nurse (3rd Year) Nursing Auxiliary</p> <p>12 patients</p> <p>Team B Staff Nurse Student Nurse (2nd Year) Nursing Auxiliary</p> <p>12 patients</p> <p>Team C Staff Nurse Student Nurse (1st Year) Enrolled Assistant Nurse</p>	<p>Ward Sister i/c ward</p> <p>Relief Team D Staff Nurse Student Nurse Nursing Auxiliary</p>	<p>Night Superintendent</p> <p>Staff Nurse Student Nurse Assistant Nurse</p> <p>36 patients</p> <p>Plus "specials" from other hospital staff as necessary</p>

Summary (a) Total Staff :— 6 Registered General Nurses  
2 Assistant Nurses  
5 Student Nurses  
3 Nursing Auxiliaries  
— 16  
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(c) Team D will relieve teams A-C on their "days off".

(d) Night duty teams will organise their own relief system for "days off".

(e) "Specials" will come from other staff in the hospital.